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## BIB DATA SHEET

CONFIRMATION NO. 6830

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/024,607	11/08/2001 RULE	600	1646	B0801.70231US00	
<b>APPLICANTS</b> Richard T. Lee, Weston, MA; <b>** CONTINUING DATA *****</b> BDH, 3/24/08 This appln claims benefit of 60/247,457 11/09/2000 <b>** FOREIGN APPLICATIONS *****</b> NONE, BDH, 3/24/08 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/01/2002					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/BRUCE D HISSONG/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> Elizabeth Robin Plumer Wolf, Greenfield & Sacks, P.C. 600 Atlantic Ave. Boston, MA 02210 UNITED STATES					
<b>TITLE</b> METHODS FOR DIAGNOSIS OF CARDIOVASCULAR DISEASE					
<b>FILING FEE RECEIVED</b> 1290	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	